DOCUMENT RESUME

ED 219 895 EC 143 174

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TITLE Assessment of Behavior Disorders and Developmental Delay: Parent-Teacher Agreement.
PUB DATE Apr 82
NOTE 15p.; Paper presented at the Annual International Convention of the Council for Exceptional Children (60th, Houston, TX, April 11-16, 1982, Session W-B2).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Behavior Rating Scales; *Developmental Disabilities; Elementary Education; *Emotional Disturbances; Evaluation Methods; *Parent Role; Preschool Education; *Student Evaluation; *Teacher Role
IDENTIFIERS *Burks Behavior Rating Scale; *Minnesota Child Development Inventory

ABSTRACT

The paper discusses a method of integrating parent report with teacher report on the Minnesota Child Development Inventory (MCDI) and the Burks Behavior Rating Scale (BBRS) to aid in the assessment and placement of young children with behavior disorders and developmental delay. Two samples of children were used to collect the data: 3 to 6 year old children with developmental disabilities and 6 to 9 year old children with behavior disorders. Both the parent and teacher of each child completed the MCDI or the BBRS. The MCDI was used for developmental delay and the BBRS for behavior problems. Parent-teacher data were found to be highly correlated for behavior problems (BBRS) and for the child's overall developmental level (MCDI). (Author/SW)

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Assessment of Behavior Disorders and Developmental Delay:

Parent-Teacher Agreement

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EC 143174

Running Head: Assessment

Paper presented at the Annual International Convention of the
Council for Exceptional Children (60th, Houston, TX, April 11-16, 1982)

Abstract

Psychologists are often called on to assess the functioning of a child to assist in placing that child in an appropriate educational setting. In general, traditional psychometric tools are used (e.g., Stanford-Binet Intelligence Scale, Wechsler Intelligence Scale for Children-Revised, Wide Range Achievement Test). In recent years, there has been an increase in the number of requests made to psychologists to assess the young child with developmental delay and the child with mild to severe behavior disorders. In these cases, the relevancy of relying solely upon traditional psychometric assessment can be questioned.

An alternative method of assessment utilizes parent report as an integral portion of the evaluation process. Previous research has suggested that parents can provide accurate data (Colligan, 1977; Ewert & Green, 1957; Saxon, 1950). Thus, psychologists and educators should develop assessment strategies which integrate parent data with standardized psychometrics. Failure to use this model may result in the loss of valuable information regarding the child's baseline functioning.

This paper will discuss a method of integrating parent report with teacher report on the Minnesota Child Development Inventory (MCDI) and the Burks Behavior Rating Scale (BBRS). Two separate samples of children were used to collect the data: (1) three- to six-year-old children with various developmental disabilities, (2) six- to nine-year-old children with behavior disorders. For each child in the two samples both the parent and the teacher completed the MCDI or the BBRS. The MCDI was used if the child had been referred for developmental delay and the BBRS was used if the child had been referred for behavior problems.

The parent-teacher data were found to be highly correlated for behavior problems (BBRS) and for the child's overall developmental level (MCDI). The implications for using this data in establishing baseline functioning and measuring progress will be considered. Additional discussion centers on the related benefit of improving parent-teacher relationships. While this method of information collection is not the only method for establishing baseline and evaluating progress, it cannot be ignored as a valuable aid in the assessment and placement of children with developmental disabilities and children with behavior disorders.

Assessment of Behavior Disorders and Developmental Delay: Parent-Teacher Agreement

In recent years, there has been an increase in the number of requests made to psychologists to assess the young child with developmental delay and the child with mild to severe behavior disorders. The purpose of the assessment is to provide information which can be used to determine educational placement. In general, traditional psychometric tools are used (e.g., intelligence and achievement testing). However, the relevancy of relying solely upon formal psychometric assessment can be questioned.

Alternative assessment strategies which utilize more sources of data should be considered as an integral portion of the evaluation. In the schools, the teacher is one pertinent source of information. It has been suggested (Allen, Rieke, Dmitriev, & Hayden, 1971) that the teacher is in a position to see the child in a social context, relating to peers, and in more various settings than would other adults. Another valuable source of information is the child's parents. Parents have been included in the evaluation of the child by clinical psychologists (Schwartz & Johnson, 1981); however, evaluations of children by school psychologists have had a decreased focus on the parents' input. Thus, it would be beneficial for psychologists and educators to develop assessment strategies which integrate parent and teacher data with standardized psychometrics.

The exact form of this evaluation merits careful consideration. An early study (Graham & Rutter, 1968) indicated that when an open-ended interview was used with mothers on two separate occasions, the information obtained differed. However, if a structured interview is used, then reliable information regarding the child's maladaptive behavior could be

obtained. It is possible that the increased structure provided the parent with a greater understanding of the types of information relevant to the psychologist. Therefore, methods utilized to collect data from parents and teachers should favor a structured approach.

There is some indication that parents and teachers have different opinions as to the nature of misconduct (Alston, 1980). In this study, both parents and teachers rated 60 hypothetical statements regarding child behavior. Teachers appeared more concerned with behaviors which disrupt the social conduct of the classroom (e.g., aggression, threats, theft, and destruction of property). Parents were more concerned with social manners (e.g., honesty and obedience). Thus, parents and teachers have different expectations of the child. The psychologist must find a way to integrate these discrepant expectations in order to determine the nature of the child's difficulty and whether special placement of the child is warranted. Thus, if both parents and teachers responded to the same set of structural questions, then the reliability of reporting actual behavior may increase.

Another question which must be addressed by the psychologist concerns relating the data reported by the parent to formal psychometric testing. Previous research (Colligan, 1977) investigated the relationship between parental report of the child's behavior in the home with formal psychological testing. A structured inventory, the Minnesota Child Development Inventory (MCDI), was completed by the parent. The scale which measures General Development (GD) was correlated with the child's mental age score on an intelligence test. A high correlation was obtained between these two measures, thus indicating the value of the MCDI as an aid in the assessment of children suspected of developmental disability.

It appears that the quality, comparability, and reliability of data

obtained from parents, as well as teachers, is dependent upon the method of collecting this information. This paper will investigate two methods of acquiring data from parents and from teachers. The agreement between these respondents on the MCDI will be determined for young, developmentally delayed children. For the child referred as a behavior problem, the Burks Behavior Rating Scale (BBRS) will be examined for parent and teacher agreement regarding child behavior. Consideration will be given to utilizing this information as an aid in assessment and placement of children within the educational system. Finally, the subsequent benefits to the parent-teacher relationship will be elaborated upon.

Burks Behavior Rating Scale (BBRS)

Method

Subjects. Twenty elementary-aged children referred by the teacher to the school social worker were evaluated to determine the nature of intervention which might be appropriate. The children were in the first through the fourth grades in various schools within a mid-size upper Midwestern school district. The teacher and parent each completed the BBRS. While the subjects are not a random sample; they do reflect the type of referrals made to special education auxiliary staff.

Instrument. The BBRS is a rating scale containing 110 items which describe behaviors infrequently observed among children displaying adaptive behaviors (Burks, 1977). The rater subjectively indicates the degree to which each behavior is occurring. This is accomplished using a five-point scale with higher scores indicating a high frequency of behavior occurring. It takes about one-half hour to complete the rating. The BBRS consists of 19 categories of behavior including: excessive self-blame, excessive

anxiety, excessive withdrawal, excessive dependency, poor ego strength, poor physical strength, poor coordination, poor intellectuality, poor academics, poor attention, poor impulse control, poor reality contact, poor sense of identity, excessive suffering, poor anger control, excessive sense of persecution, excessive aggressiveness, excessive resistance, and poor social conformity.

Results

The relationship between parent and teacher ratings was calculated using a correlation corrected for small sample size. Comparing the parent and teacher ratings for each child indicated that 14 parent-teacher sets were highly correlated ($p<.05$). This suggests that parents and teachers are perceiving a similar overall level of maladaptive behaviors.

The relationship between parent and teacher agreement on each of the 19 scales was determined. A strong agreement was indicated for poor academics and poor attention ($p<.001$). A relationship between parent-teacher ratings occurs for poor impulse control, poor reality contact, and poor sense of identity ($p<.01$). Poor physical strength ($p<.05$) appears to be another area rated similarly by parents and teachers. Thus, six of 19 scales are correlated for parent-teacher ratings.

Discussion

Parents and teachers rate the child similarly when using the BBRS. There is an overall level of agreement for 14 of 20 children. Additionally, six subscales appear more likely areas of consensus. Further discussion of these six areas may allow understanding about the type of areas that parents and teachers agree upon. Burks (1977) suggests that two items, poor attention and poor impulse control, may reflect the child's age. Younger children have more difficulty in maintaining attention and self-control.

These two characteristics agree with Quay's (1979) suggestion that one of the major patterns of child behavior disorders is immaturity. One additional area of parent-teacher agreement on the BBRS supports this category. That area is poor reality contact, which is an inability to assess correctly the events of daily living. The immature child demonstrates this deficit due to a lack of skills and decision-making processes. This same characteristic may be displayed by the child categorized (Quay, 1979) as having a conduct disorder. However, this child may appear to have poor reality contact due to his/her disobedience or uncooperativeness. The other two areas of parent-teacher agreement which may indicate a conduct disorder are poor impulse control and poor sense of identity. This is reflected in the child with conduct disorder as an inability to delay responding and an unwillingness to become constructively involved in activities.

The final two areas of parent-teacher agreement (poor academic, poor physical strength) may indicate similar perceptions of the rate of the child's learning. Additionally, the parent has information from grade cards indicating the teacher's view of these two areas. Thus, parents and teachers have communicated about academics and physical skills prior to the child's referral to special education.

Parent and teacher ratings have a strong relationship for children's behaviors which indicate immaturity, conduct disorders, and a slow rate of learning. Overall ratings suggest 14 of 20 parent-teacher rating sets are correlated. Thus, utilizing ratings of a child from its parents and from its teachers allows a more complete assessment of the child's behavior. Even though ratings are based on observation of the child in different

environments, there are similar patterns of behavior disorder which appear. These areas of consensus should be of increased interest to the psychologist in making the determination of the nature of the child's difficulty.

Minnesota Child Development Inventory

Method

Subjects. Seven children, ranging in age from four to six years, in an early education classroom, were evaluated by their teacher and their mothers, using the MCDI. All children displayed severe communication deficits, repetitive and stereotyped behavior, and developmental delay. The children were in special education in several small school districts in the upper Midwest. The subjects are not a random sample. However, they share in common: requests from teachers for assistance from a psychologist in order to determine appropriate educational goals, behavior patterns, and a wide discrepancy between the parents' and the teacher's perception of the children's level of development and nature of problems.

Instrument. The Minnesota Child Development Inventory (MCDI) consists of 320 items about the child's behavior to which the respondent answers yes or no. The items are then grouped to form the following scales: General Development (GD), Gross Motor (GM), Fine Motor (FM), Expressive Language (EL), Comprehension-Conceptual (CC), Situation Comprehension (SC), Self-Help (SH), and Personal-Social (PS). Completing the MCDI takes approximately one hour of time which includes completion by the respondent and scoring.

Results

Parents' and teachers' ratings of the children were analyzed using correlations corrected for small sample size. The GD scale of the MCDI,

which is an overall index of development and contains the most age discriminating items, correlates at .98 ($p<.001$). This suggests that using the MCDI facilitates similar ratings of the child, by both parents and teachers. Additionally, in an earlier study (Colligan, 1977), the GD scale of the MCDI correlates well with formal psychometric evaluation yielding a mental age score. Thus, on the MCDI, parents, teachers, and formal psychometrics are potentially in agreement with regard to the child's overall development.

The specific areas of agreement between parent and teacher ratings include five of the seven subscales. The ratings correlate well ($r=.94$, $p<.01$) for the FM scale. This indicates agreement on items designed to measure visual-motor skills (e.g., simple eye-hand coordination to complex fine motor behavior such as drawing). The child's ability to use gestures, vocal and verbal behavior to express himself (EL scale) is viewed similarly by parents and teachers; the correlation was .97 ($p<.001$). However, it must be cautioned that the EL scale is most discriminating in primarily the first three years. These children were at the upper range of the MCDI; therefore, parents and teachers may be rating expressive skills which have had one to two years to solidify.

Ability to understand is measured for language (CC) and for non-verbal (SC). The CC scale is second only to the GD scale in age-discriminating power. Ratings are highly related for this scale ($r=.92$, $p<.01$). The SC scale is age-restricted; there are only nine of 44 items which extend beyond age three. In this case, the behaviors rated may have had several years to solidify. Agreement between parents and teachers is obtained on this scale ($r=.87$, $p<.02$). Thus, parents and teachers view the child's ability to understand language and nonverbal cues in a similar manner.

Self-help skills, as measured on the SH scale, correlate (r=.98, p .001) for the two ratings of the child. The skills required for eating, toileting, and dressing are measured by the SH scale.

Parent-teacher ratings do not reach significance on two scales. The first is the GM scale, measuring locomotion and behavior involving strength, balance, and coordination. This scale has adequate reliability coefficients for the first three and one-half years but are erratic beyond this age range (Ireton & Thwing, 1972). Perhaps this influenced the discrepancy of parent-teacher ratings (r=.60) or the child's behavior is viewed differently by parents and teachers. The second scale which does not reach significance is the PS scale (r=.68). This scale measures personal and social behavior, including initiative, independence, social interaction, and concern for others. The test authors (Ireton & Thwing, 1972) suggest considerable caution interpreting below-age performance on this scale and the PS scale samples a restricted age-range, primarily the first three years. Another factor may influence different ratings of the child by the parent and the teacher. That is, each rater interacts with the child in a different environment with different sets of expectations for behavior. Thus, it is possible that the child's behavior is different in these two situations.

Parent and teacher ratings are highly correlated for six of the eight scales on the MCDI. This includes the two most age-discriminating scales, GD and CC. It would appear that both raters are viewing similar behaviors of the child in different settings. The value of this information to the child placed in an early education classroom is that parents and teachers have a basis for agreement on the nature and focus of remediation activities.

Conclusion

The results of these two studies suggest that parents and teachers can contribute information to the assessment of the child. Additionally, the data provided by these two respondents allow similar behavior patterns to be seen in the child. Even though parents and teachers view the child in different environments, there appear to be consistencies in their completion of rating scales. Therefore, the BBRS and MCDI should be considered as valuable additions to psychological assessment.

When a child is placed in a special education classroom, it is necessary for parents and teachers to agree upon a set of goals. The use of these two scales may facilitate that process. That is, specific items rated as problem areas by both parents and teachers indicate behaviors that can become initial objectives on the child's educational plan. Thus, using the MCDI or the BBRS provides data about the child which correlates well between parents and teachers and can assist in the development of the child's educational plan. Therefore, the psychologist should consider supplementing formal psychometric evaluation with parent and teacher reports of behavior obtained through the use of the MCDI and BBRS.

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